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COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY								
Send to: Missouri Department of Natural Resources, Waste Management Program, P.O. Box 176, Jefferson City, MO 65102								
For Official Use Only				第一条	and the sales of t			
	Comm	ents		1.				
C								
Installation's EPA ID Number		Approved	lyr. mo.	ed / E	33			
FMOD9857716	& 2 T/A C			37	CHARLE			
I. Name of Installation		COLUMN TO	The state of		a morning spice of			
SAFELITE AU	TO 61	1,455	5					
II. Installation Mailing Address		建筑大师			· 有种。性			
	Street or f	P.O. Box		 				
321 TEAM DR	11/2							
CH	y or Town	TIT		State	ZIP Code			
O FALLON				M D 6	3366			
III. Location of Installation	Street or Rou	rte Number			100 Sept. 100 Se			
601100	Street of Rot	J. G. Hulliber						
5 5 4 1/16				Con	ZIP Code			
	ty or Town	TIT		State	ZIP COOM			
6	No. of the last of	and a second second						
IV. Installation Contact		THE REAL PROPERTY.	Ph.		de and authori			
Name and Title (last, fi	rst, and job title)		41.	ne Number (area co	de and number)			
2 JOHN30N, C	AAAKZ	2 3 1	1 6.P. 3 1	4723	3233			
V. Ownership	Intion's Land Owner			R. Type of Owns	ership (enter code)			
Calleria	lation's Legal Owner	7/11	2 2	D. Type of Owner	Hamp Jenner Cooty			
VI. Type of Regulated Waste Activity (M			R P	triuctions I	and the same			
A. Hazardous Waste Activity (IV)	ark x in the app	ropitate box		Il Fuel Activities	T. C.			
1s. Generator X 1b. Less the	n 1.000 kg/mg	☐ 6. Off-Spe		Fuel RECEIV	ED			
2. Transporter		(enter	x and mark appro	priate boxes below)	בט			
3. Treater/Storer/Disposer	146410	□.	Generator Market		1000			
🔲 4. Underground Injection . ஆண்டுக்		1811 18 E1	Marketer .	DEC.1.8	. 1989			
5. Market or Burn Hazardous Was (enter 'X' and mark appropriate			" W	rof- wallagemen	NT PROGRAM			
a. Generator Marketing to			Used Oil Fu	el Marketer Dr Dh	sile Buiner			
b. Other Marketer	RCRA RECORD	S		Meets the Specifics				
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in								
which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace								
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)								
☐ A. Air ☐ B. Reil ☐ C. Highway ☐ D. Water ☐ E. Other (specify)								
IX. First or Subsequent Notification								
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.								
			C. In	stallation's EPA ID	Number			
A. First Notification B. Subsequent Noti	fication (complete iter	m C)		1				

		ID - For Official Use Only						
	_ C		1/4 5					
X. Description of Hazardous Wastes	(continued from fro	ont)	(a. t.					
A. Unstes from Monspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 251.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A. B. or C								
MASTE ID # FOO!			1					
AMOUNT AND FREDUENCY 225 lbs	lbs.	lbs.	lbs					
WASTE ID #								
AMOUNT AND FREQUENCY 165.	lbs.	lbs.	1bs					
C. Commercial Chemical Product Vestes (8 and P Lists your installation handles which may be a hazardous wast	The same of the sa							
WASTE IO # "								
AMOUNT AND FREQUENCY 1bs	lbs.	1bs.	1hs					
o. (Reserved)								
E. Characteristics of Monlisted Mazardows Vastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardows vastes your installation handles. (See 40 CFR Parts 281.21 - 261.24) Below each box that you check, enter the wonthly generation amount expressed in pounds and generation frequency code A, B, or C.								
AMOUNT AND FREQUENCY 1bs.	2. Corrosi (0002) lbs		Reactive (0003)					
4. Toxic Enter the four-d	igit number which identifi r the monthly generation	region and fragiency.	oxic waste. Below					
	Collection of the collection o							
FREQUENCY 1bs	lbs.	lbs.	1hs.					
HISSOU	RI REQUIRED INFO	RMATION						
MD Generator ID Number								
Principle Business Activity								
S.I.C. Code (leave blank if uncertain)								
Check this box if you generate/accumulate less than a regulated quantity								
XI. Certification		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
Signatures C. Amelia	Have And Official Title (Type Charles C. Joh	Or Print) Noon, DC (Mgr	Date Signed 12/2/89					